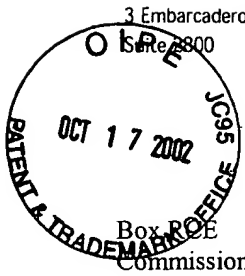


RCE/\$ 12800



3 Embarcadero Center
San Francisco
California 94111

T: 415-217-6000
F: 415-434-0646

skjerven morrill LLP

Docket No.: M-10255 US

October 17, 2002

Box RCE
Commissioner For Patents
Washington, D.C. 20231

Re: Applicants: Robert F. Wallace et al.
Assignee: SanDisk Corporation
Title: Use of Small Electronic Circuit Cards With Different Interfaces in an Electronic System
Application No.: 09/633,089
Examiner: Le, Uyen Chau N.
Docket No.: M-10255 US
(formerly HARI.149US0)

Conf. No.: 1104
Filed: August 4, 2000
Group Art Unit: 2876

RECEIVED
OCT 22 2002
TECHNOLOGY CENTER 2800

Dear Sir:

Transmitted herewith are the following documents in the above-identified application:

- (1) Return Receipt Postcard;
- (2) This Transmittal Letter (in duplicate);
- (3) Amendment (14 pages);
- (4) Request for Continued Examination (RCE) 1 page; and
- (5) Supplemental Information Disclosure Statement (2 pages), PTO Form 1449, 3 cited references and International Search Report.

- ☐ No additional fee is required.
- ☒ The fee has been calculated as shown below:

10/22/2002 BNSUYEN1 00000033 192386 09633089

01 FC:1801 740.00 CH
02 FC:1201 168.00 CH
03 FC:1202 54.00 CH

CLAIMS AS AMENDED

Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra		Rate		Additional Fee	
Total Claims	28	Minus	25	=	3	x	\$18.00	\$	54.00
Independent Claims	8	Minus	6	=	2	x	\$84.00	\$	168.00
<input type="checkbox"/>	Fee of _____ for the first filing of one or more multiple dependent claims per application								\$
<input checked="" type="checkbox"/>	Fee for Request for Continued Examination								\$ 740.00
<input checked="" type="checkbox"/>	Fee for Information Disclosure Statement								\$ 180.00
Total additional fee for this Amendment:								\$	<u>1,142.00</u>
<input checked="" type="checkbox"/>	Conditional Petition for Extension of Time: If an extension of time is required for timely filing of the enclosed document(s) after all papers with this transmittal have been considered, an extension of time is hereby requested.								
<input checked="" type="checkbox"/>	Please charge our Deposit Account No. 19-2386 in the amount of								\$ <u>1,142.00</u>
<input checked="" type="checkbox"/>	Also, charge any additional fees required and credit any overpayment to our Deposit Account No. 19-2386.								
Total:								\$	<u>1,142.00</u>

EXPRESS MAIL LABEL NO.:
EV212982329US

Respectfully submitted,

Gerald P. Parsons
Reg. No. 24,486